

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	④					
5	1	①				
6	④	1				
7	1	①				
8	④	1				
9	1	①				
10	④	1				
11	1	①				
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TOTAL IND.	1		1		1	
TOTAL DEP.	10		10		10	
TOTAL CLAIMS	11	██████████	11	██████████	11	██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.			1		1	
TOTAL DEP.			10		10	
TOTAL CLAIMS		██████████	11	██████████	11	██████████

BEST AVAILABLE COPY